



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 State Laboratory Institute  
 305 South Street, Jamaica Plain, MA 02130

BUREAU OF LABORATORY SCIENCES

**Chemical Exposure  
 Clinical Specimen Submission Form**

Do Not Use This  
 Space

Please Print

Tel: 617-983-6200

Do not abbreviate

General Form

<b>1. PROVIDER INFORMATION</b>		<b>2. PATIENT INFORMATION</b>	
Name		Name: Last First MI	
Address: No./Street		Address: No./Street	
City/Town State Zip Code		City/Town State Zip Code	
Phone Number: ( )		Phone Number: ( )	
<b>3. PHYSICIAN CONTACT</b>		Patient ID number:	
Phone Number: ( )		Date of Birth:	<b>4. SEX</b> Male Female
<b>5. EXPOSURE INFORMATION</b>			
Date of exposure:		Duration of exposure:	
Time of exposure:		Time of symptom onset:	
<b>6. Symptom Information:</b>			
Burns Muscle Weakness Other (specify)	Seizure Impaired Vision	Eye Pain Shock	Difficulty Breathing Bronchospasm